Questions and Answers

New York State
Department of Health
Division of HIV and Hepatitis Health Care
Bureau of Ambulatory Care Services
And
Health Research Inc.

Request for Applications
RFA # 20185
Internal RFA # 22-0005

Grants Gateway #: DOH01-AHEA-2023, DOH01-AHEB-2023, DOH01-AHEC-2023

Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services

QUESTIONS AND ANSWERS

Questions below were received by the deadline announced in the RFA. NYSDOH/HRI are not responsible for any errors or misinterpretation of any questions received.

The responses to questions included herein are the official responses by the State/HRI to questions posted by potential bidders and are hereby incorporated into the RFA #20185. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

Grants Gateway, Application Submission & Application Download

Question 1a: Hi, I wanted to see if you would send over bid documents for the bid for Advancing Health Equity Through Comprehensive Community-Based HIV Ambulatory Care Services?

Question 1b: How do I apply?

Answer 1a - 1b: The application is only available online. Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: https://grantsmanagement.ny.gov/ and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: https://grantsmanagement.ny.gov/live-webinars. For additional information refer to E. How To File and Application on page 27 of the RFA.
Question 2: What if I try to submit my application and it is past the due date/time of the RFA?

Answer 2: An applicant will not be able to submit an application in the Grants Gateway once the due date/time has passed. The opportunity to submit an application is not an option once the deadline has passed. Prospective grantees are strongly encouraged to submit their applications at least 48 hours prior to the due date and time. This will allow enough opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission of your application. Failure to leave adequate time to address issues identified during this process may jeopardize an applicant’s ability to submit their application. Starting the application process as soon as possible will produce the best results as late applications will not be accepted.

Please visit the Grants Management website at the following web address: https://grantsmanagement.ny.gov/ and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: https://grantsmanagement.ny.gov/live-webinars.

Question 3: How do I determine if my agency is pre-qualified through the Grants Gateway?

Answer 3: To be registered and prequalified through the Grants Gateway, an organization must have submitted a registration form, identified a grantee delegated administrator, entered required documents into the document vault, and submitted the document vault for review. Please note the documents in the vault must be submitted with sufficient time to be reviewed and approved. Waiting until the last minute is not advised. If your agency vault is in review status and not yet prequalified, please send an email to the mail log for this solicitation at 2022.AHE.RFA@health.ny.gov to request expedited handling of your document vault. Your organization’s status can be viewed by accessing your document vault and observing the current status noted in the details panel at the top of your document vault main menu. The status can also be obtained by running the “State Prequalification Application Status Report” under the Management Screens section of your vault.

Question 4: Can an agency apply if they are not pre-qualified through the Grants Gateway?

Answer 4: Applicants must be prequalified (if not exempt) by the date and time applications are due. Exemptions for prequalification are limited to governmental organizations. If an organization is not prequalified, the application will be rejected. Please refer to Section IV. Administrative Requirements, L. Vendor Prequalification for Not-for-Profits on page 34 of the RFA.

Question 5: Is there a deadline for the pre-submission uploads? (if so, please clarify)

Answer 5: Pre-Submission Uploads must be uploaded with the application and submitted prior to the date and time applications are due.

Question 6: What does the asterisk* mean in the Grants Gateway on-line application?
Answer 6: The asterisk* alerts applicants that a response is mandatory. Applicants will not be allowed to submit their application without completing all mandatory questions and uploading all mandatory attachments.

Application Format and Notifications of Funding

Question 7a: I have a question about what I should include as the Project Title in the Program Specific Questions section on the Grants Gateway online application. Should the Project Title be listed as the actual name of the RFA?

Question 7b: In the document entitled “Project/Site Addresses” in Grants Gateway, the amount of characters allowed often does not permit the full name to be included at the top of the page. The full name is: Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services. Category A: Retention and Adherence Program (RAP). Can we shorten it to “Advancing Health Equity: Component A: Retention and Adherence Program,” or do you recommend something else?

Question 7c: Elsewhere in the document it also asks for “name/description. Similar question: As the name is too long for the space allowance, what should we use for a shortened name? Can we use “Advancing Health Equity: Component A: Retention and Adherence Program”?

Answer 7a - 7c: Yes, the Project Title should be listed as the actual Component name of the RFA. Applicants applying for Component A should enter “Advancing Health Equity - Retention and Adherence Program (RAP).” Applicants applying to Component B should enter: “Advancing Health Equity - Centers for Young Adults. Applicants for Component C should enter: Advancing Health Equity - Family-Focused Health Care for Women.

Question 8a: Are there formatting instructions for this opportunity, i.e., font size, spacing, margins and page numbering?

Question 8b: Are there page limits which apply to different sections of the application?

Answer 8a - 8b: Narrative sections of the application no longer contain page limits. Instead, the New York State Grants Gateway online application provides character limits. When applicants are typing a response to the Program Specific Question, the number of characters allowed as a response is shown. As applicants type their response, the number of characters (including spaces) used will be displayed up to the maximum allowed.

Question 9a: In some questions, it specifically states that the number of characters allowed includes spaces. In other questions it does not specify that the number of characters includes spaces. For questions where this is not specified, does the character limit include spaces?

Question 9b: Are there character limits contained in Grants Gateway for each section of the application?

Question 9c: In the Grants Gateway, when entering the responses to the application questions, do the character count limitations include spaces (does a space count as a character)? Can you provide any other information to help us prevent last minute restriction issues?
Answer 9a - 9c: Each text box allows a certain character limit. This character limit in all cases is inclusive of spaces. As applicants enter their response to each Program Specific Question, the number of characters (including spaces) used will be displayed along with the maximum number of characters allowed (e.g., 324 of 1,000).

Question 10: Can we write our application in Word and cut and paste it into the grant application form on the Grants Gateway?

Answer 10: Yes, it is possible to prepare your application in Word and cut and paste it into the online system. However, it would be especially important to note the character limits in advance of attempting to cut and paste written material into the Grants Gateway. It is also important to make sure the correct text is entered for the intended question. If a response is not pasted into the text box for the intended answer, it may impact the reviewer’s scoring of that response. It is also important to remember to save your application data frequently as you enter it into the Grants Gateway. The system automatically times out after 3 minutes of inactivity, and any unsaved work will be lost.

Question 11: Is it possible to expand question 1c from 1,000 characters to 4,000 in order to provide a complete response, as this is a two-part question for this item?

Answer 11: No, the character count cannot be expanded. Applicants are encouraged to be succinct in their response to question 1c.

Question 12a: How do I complete the Work Plan Summary in Grants Gateway? Please confirm that Attachments 5, 6, and 7, included in the body of the RFA, are for reference and inclusion of the application and that using the requirements listed in Attachments 5, 6, and 7 that applicants should develop a narrative applying the information in Attachments 5, 6 and 7 and type it into the Project Summary text box within the character limits.

Question 12b: For Component A, in the Work Plan Properties section of the application in the Grants Gateway, please confirm that the applicant will follow the pre-populated Objectives and Performance measures and does not need to add additional information.

Question 12c: Does the applicant need to upload Attachment 5- Work Plan if it is already prepopulated by the funder for Component A?

Answer 12a - 12c: Applicants are not required to upload the Work Plans for any of the three Components of this RFA. As stated on page 42 of the RFA, “For the Grants Gateway Work Plan Project Summary, applicants are instructed to insert the Project Summary as it is listed in Component specific Work Plan for which an application is being submitted. In the Grants Gateway Work Plan Organizational Capacity section, applicants are instructed to list this as “not applicable.” Any additional Project Summary or Organizational Capacity entered in these areas will not be considered or scored by reviewers of your application.

Funded applicants will be held to the Objective, Tasks and Performance Measures as listed in Component specific Work Plan for which an application is being submitted. Applicants are not required to enter any Objectives, Tasks or Performance Measures into the Grants Gateway Work Plan.”
The Component A Work Plan can be found starting on page 57 of the RFA. The Component B Work Plan can be found starting on page 65 of the RFA. The Component C Work Plan can be found starting on page 70 of the RFA.

**Question 13a:** When will announcement of grant awardees be made?

**Question 13b:** When do you expect to notify applicants that they are approved for funding?

**Question 13c:** How will applicants who are not approved for funding know their status?

**Answer 13a - 13c:** The estimated award announcement date is February 1, 2023. All applicants will be sent a notification letter with the status of their application.

**Question 14:** When do you anticipate that the contract will begin for the project funded under the RFA?

**Answer 14:** It is anticipated that contracts selected as a result of this RFA awardee will have a contract start date of July 1, 2023.

**Question 15:** In the RFA, Section "I" Page 32, MWBE it states, “By submitting an application, a grantee agrees to complete an MWBE Utilization Plan as directed in Attachment 10 of this RFA.” Kindly clarify whether the MWBE form in Attachment 10 is incorporated as a reference OR must be completed and submitted with the RFA application in order for the application to be considered complete.

**Answer 15:** Attachment 10 must be completed and submitted with the RFA application for the application to be considered complete. Instructions for completing Attachment 10 can be found on the page 1 of Attachment 10.

**Question 16:** Should the MWBE Utilization Plan be reflective of just the first-year budget or all five years? Will there be a possibility of applying for a waiver from the MBE and WBE requirements? Is this form required?

**Answer 16:** The MWBE Utilization plan should be based on the life of the contract, which is five years. Eligible M/WBE expenditures include any subcontracted labor or services, equipment, materials, or any combined purchase of the foregoing under a contract awarded from this solicitation. Please refer to the instructions on Attachment 10, Minority & Women-Owned Business Enterprise Requirement Forms - Guide to New York State DOH M/WBE RFA/RFP Required Forms, Form #2: MWBE Utilization Waiver Request for instructions on applying for a waiver. Applicants should refer to Attachment 10 - Minority & Women-Owned Business Enterprise Requirement Forms - Guide to New York State DOH M/WBE RFA/RFP Required Forms for instructions for all M/WBE questions. If the MWBE Utilization Plan is incomplete, and the applicant is selected for funding, the resulting award will be held pending completion of the required documentation.

**Question 17:** We have a question regarding the MWBE requirement. As stated in the RFA, the goal is 15% for minority owned business and 15% for Women Owned Business enterprises. If a sub-contractor’s total amount on the award is less than 15% of the total grant, would something like this be handled through the waiver process after the award is granted?
Although we understand the importance of MWBE and support its goals and objectives, our current sub-contractor has been working with us over the past several years and we have established a strong trustworthy relationship with them. They have extensive fiscal vouchering experience for both state and federal grant awards. Due to the complexity of our internal systems, having a new contractor come in would require additional start up time and training which would impact the delivery of our vouchers. Based on our proposed budget, our current subcontractor would only amount to 7.4% of the total grant award. Kindly advise.

**Answer 17:** Applicants who are not able to meet the MWBE goals set forth in the RFA are required to follow the instructions on Form 2#: MWBE Utilization Waiver Request of Attachment 10.

**Question 18:** Are letters of support or linkage agreements required to be submitted for this grant?

**Answer 18:** Letters of support or linkage agreements are not required for this RFA and will not be considered or scored by reviewers of this RFA. Please refer to Section VI. Attachments on pg. 43 of the RFA for a list of the required attachments.

**Question 19:** In Section 1. Introduction, Part B. Available Funding for Component A, it states: “Applicants for Component A may submit one application per site. A separate application must be submitted for each additional site proposed. Applications for Component A that are multi-site or propose rendering services in non-Article 28 settings will be deemed ineligible and disqualified from further consideration.” Would a geographically separate site (different street address) operating under the same operating certificate be considered a separate site?

**Answer 19:** Yes, a geographically separate site, located on a different street address and operating under the same operating certificate would be considered a separate site.

**Question 20:** Our Clinic is currently located in zip code 10025. We are moving to a new location later this fall, and will be located at the new location when the program starts. The new location is in a next door zip code (10027). Should we write this application for the current location, or the new location? Or discuss both? What is the best way to handle this in the application?

**Answer 20:** The applicant should respond to the questions based on the proposed service site.

**Question 21:** Will there be a pre-proposal conference to discuss the RFA?

**Answer 21:** No, as stated on page 27 of the RFA, an Applicant Conference will not be held for this project.

**Question 22:** Is this NY program funded by a Section 318 federal grant or cooperative agreement (e.g. PS22-2203 or similar)? In other words, does this opportunity offer potential 340B eligibility for recipients?

**Answer 22:** As per the RFA, funding sources for this opportunity are HRI (federal) and New York State funds. HRI (federal) funds may include Ryan White funds. Applicants are encouraged to visit [https://www.hrsa.gov/opa/faqs?categories=All&keywords=](https://www.hrsa.gov/opa/faqs?categories=All&keywords=) for additional information regarding 340B eligibility.
Eligibility Questions

Question 23: Are for-profit entities considered for this opportunity in any case?

Answer 23: No. As per the Minimum Eligibility Requirements of the RFA on pages 12-14, applicants must possess current not-for-profit 501(c)(3) Tax-Exempt Status.

Question 24a: Are local DOH’s eligible to apply for this funding opportunity?

Question 24b: In terms of eligibility, are you seeking candidates that have existing ambulatory care services? Would organizations that wish to allocate funding to establish this practice be considered?

Answer 24a - 24b: Applicants must be licensed by the New York State Department of Health under Article 28 of the Public Health Law with proposed services rendered at an Article 28 site. This proposal does not support the use of funds to establish an Article 28 primary care practice.

Question 25: Please confirm the funding sources for this opportunity. Are there any Ryan White funds involved?

Answer 25: As per the RFA, funding sources for this opportunity are HRI (federal) and New York State funds. HRI (federal) funds may include Ryan White funds.

Program Questions

Question 26a: Our agency plans to submit RFA for the above initiative. We currently receive grant funding for LRTA/RAP and would like to continue the program. My question is in regard to the site/application for Component A. The instructions state that we can submit one application per site. Our agency has one main site, which is an Art 28 setting. We do however serve clients falling under two different regions: Finger Lakes (Steuben and Schuyler counties) and Southern Tier (Chemung, Cortland, Tompkins and Tioga). How should we address this on our application? Can we list both regions or are we allowed to focus only on one?

Question 26b: Can we submit an application for one of the three components? If we apply to more than one component, would our proposal be considered separately?

Answer 26a - 26b: This is a new solicitation and applicants should carefully review the RFA requirements. Applicants may submit more than one application as per the instructions on page one of the RFA. All applications will be considered separately. Proposed services must be delivered within the Article 28 setting proposed.

Question 27: We are a current RAP provider funded under Part B. Is the current RFP - Retention and Adherence Program Component A – the replacement? Is this a competitive proposal for the services we currently provide? We’re not clear from the guidance.

Answer 27: This procurement is a competitive solicitation that will replace the current RAP program. Organizations that are currently funded to provide RAP services are encouraged to apply as funding for those services will cease.
Question 28a: On Page 6 the table indicates that the Bronx has a minimum caseload of 50+. Are these 50+ cases meant to be all newly identified cases or can they include patients already in care?

Question 28b: If a program does not have an active caseload of 50 HIV+ patients, is it ineligible to apply for Comp B funding through this initiative?

Question 28c: Could there be an exemption on the minimum number of 50 HIV positive patients to be eligible to submit an application for Component B?

Answer 28a - 28c: The minimum caseload requirement is not limited to individuals newly diagnosed with HIV. Applicants must meet the proposed minimum caseload requirement listed on page 9 of the RFA by the contract start date (July 1, 2023).

Question 29: Our question is related to the required caseload for the Component B (CYA) for the Long Island region (Suffolk). On Page 9 of the application the minimum caseload requirement indicates 50+ for the Long Island Region. On Page 13, in the Who May Apply section, the application states that regions outside of NYC must serve a minimum caseload of 25. Please clarify whether the Long Island region is being considered outside of NYC or part of NYC region and if the minimum caseload is 50 or 25.

Answer 29: As stated on page 9 of the RFA, the minimum caseload requirement for Long Island is 50+ and the region is comprised of Nassau and Suffolk counties.

Question 30: For Component B on Page 9, the number of awards for Long Island: (Nassau and Suffolk) indicates 0-1 awards will be granted. Please clarify if that is 0-1 for both Nassau and Suffolk or 0-1 for Nassau and 0-1 for Suffolk.

Answer 30: As stated on page 9 of the RFA, the number of awards for the Long Island region (both Nassau and Suffolk counties) is 0-1.

Question 31a: Will currently funded Retention and Adherence Program providers receive preference under Component A: Retention and Adherence Program (RAP) of this RFA?

Question 31b: Will existing Retention and Adherence Program (RAP) sites be prioritized for funding to ensure continuity of care for those patients currently served by the RAP program?

Answer 31a - 31b: There are no preference factors included in the RFA. This is a new solicitation and an open competitive process. Existing providers are encouraged to update their current program models to reflect the changes or modifications noted in the RFA.

Question 32: Our organization operates one RAP site within the Long Island Region, would our application be looked upon any more or less favorably if we proposed a different location within the same region to respond to emerging community need?

Answer 32: This is a new solicitation. For Component A, applicants are allowed to submit one application per site. As stated on page 7 of the RFA, Applications for Component A that are multi-site or propose rendering services in non-Article 28 settings will be deemed ineligible and
Client Eligibility

Question 33a: When a patient with unsuppressed viral load and/or retention issues is enrolled in the FFHC or RAP programs, what are the criteria for discharging the patient from the funded programs/ at what point are these patients no longer eligible to remain in the program?

Question 33b: How do you define “out of care” and “not regularly retained in care”?

Question 33c: In Section 3 on page 15, in the Client Eligibility section for Component C: Please clarify the definition of the phrase: “not regularly engaged in care”.

Question 33d: Our question is related to the required caseload for the Component A (Retention and Adherence Program). On Page 15 of the application, the table states that clients who are “newly diagnosed, out-of-care or not regularly engaged in care or are not virally suppressed” are eligible. Does this match the client eligibility of what the old LRTA Program?

Question 33e: We currently have a RAP program but only newly diagnosed and those with high viral load are eligible, we would like to confirm that with this grant the eligibility will be expanded to include these patients who are not regularly engaged in care even if their viral load is below 200.

Answer 33a - 33e: The RFA does not have patient discharge “requirements”. The purpose of the RFA is to address health disparities to improve HIV-related health outcomes, including viral load suppression; among people living with HIV (PLWH) in the proposed priority population(s) and meet the goals of Ending the Epidemic in NYS. This is a new solicitation that seeks the delivery of “person-centered” services responsive to the complex clinical and non-clinical needs of the priority populations living with HIV. Client eligibility should reflect the component of the RFA for which you are applying.

Question 34: Our program currently has an SCC contract with the State. My understanding that Component B will be replacing that program. Is that correct?

Answer 34: This procurement is a competitive solicitation that will replace the current SCC program. Organizations that are currently funded to provide SCC services are encouraged to apply as funding for those services will cease.

Question 35a: In the current SCC program, there is a big emphasis on outreach, HIV testing, and linkage to PrEP/PEP services. I see no mention of that in this RFA. The suggested staffing for component B makes no mention of staff that would conduct these activities. Is testing and linkage to PrEP/PEP no longer a focus and fundable activities?

Question 35b: Will there be a forthcoming RFA/RFP for HIV outreach, testing and prevention services that appear to be left out of Component B of this RFA from the current SCC program.
**Question 35c:** Component B seems to be replacement funding for Specialized Care Centers for youth. However, SCC included both youth living with HIV and youth not living with HIV. Is there replacement funding expected for youth not living with HIV to be released at a later date? If not, this will greatly impact the state’s ability to help youth at risk of contracting HIV link to PrEP.

**Question 35d:** Is it necessary to serve a minimum number of high-risk, HIV-negative clients or does this RFA only mandate service to individuals who are living with HIV?

**Question 35e:** Previous SCC funding had a portion allocated to identifying at-risk individuals who could be screened, prescribed PrEP and followed for a period of 6 months. Are these at-risk individuals included in this initiative or are only confirmed HIV infected individuals included?

**Answer 35a - 35e:** This RFA intends to serve individuals living with HIV. Those not living with HIV are not eligible for services through this RFA. Organizations can anticipate the release of an RFA that addresses the needs of individuals at disproportionate risk of acquiring HIV.

**Question 36:** Is the expectation that young adults medically transition by the age of 24, latest 29 if in the best interest of the patient? Or has there been a shift in expectations that medical transition does not occur until the age of 29?

**Answer 36:** Young adults capable of independently navigating their medical care and treatment may be transitioned to adult services at any age. For this RFA, Young adults ages (13-29) living with HIV, are BIPOC, LGBTQ, or other adolescent young adult communities experiencing disparate HIV outcomes are eligible for services.

**Component A Staffing Requirements**

**Question 37:** Our question is related to the required caseload for the Component A (Retention and Adherence Program). On Page 19 of the application, under “RAP required staffing”, the second bullet states we are required to have “One or more (1.0) Full-Time Equivalent (FTE) Peer Navigator(s) Navigator/Community Health Worker(s) or equivalent” we would like to confirm that, unlike the RAP Specialist position:

1. This effort can be divided in two or more staff
2. The staff can have shared responsibilities and funding from other sources.

**Answer 37:** As per the RFA the FTE required for the Peer Navigator(s) Navigator/Community Health Worker(s) must equal one (1.0) or more FTE. Peer Workers funded through this RFA must be living with HIV. The division of the percent effort, position responsibilities, and funding from other sources is permissible. Applicants should provide a sound rationale for the staffing pattern in the application.

**Component B Staffing Requirements**

**Question 38:** Is there an FTE cap for a clinical lead on this application? Some medical staff also contribute to this project in ways that are not the direct provision of medical services, e.g., continuous quality improvement, motivational interviewing, etc. Will these non-medical services be counted toward the FTE cap if there is one?
Answer 38: The direct provision of reimbursable clinical services is not allowed. Grant funding may be used to support a cumulative total of 20% FTE of clinician time to provide program development and direction, quality improvement, education and training, provision of treatment adherence and risk reduction services, and case conferencing with other members of the multi-disciplinary team. The 20% limit does not apply to a clinician whose job description is administrative and/or supervisory in nature.

Question 39: For the peer workers, how can we protect their confidentiality as to their HIV status when undergoing the recruitment or hiring process? Must peer workers be living with HIV in order to qualify for these positions? We are especially concerned about adolescents and HIV status disclosure for Component B.

Answer 39: Peer Workers funded through this RFA must be living with HIV. Peer recruitment processes and policies vary significantly amongst organizations. As per page 21 of the RFA, the use of Peers is not mandatory.

Question 40: Under Component B “CYA Required Staffing” page 21: Could you please clarify the youth oriented mental health staffing?

Answer 40: For the purposes of this RFA, a youth-oriented mental health provider delivers developmentally informed approaches that address adjustment, mood, and behavioral disorders experienced by young people. These approaches consider the context of the challenges emerging adults face.

Question 41a: In Section III. Project Narrative/Work Plan Outcomes, Under “CYA Required Staffing” for Component B (page 21), it states: “Employ or subcontract with a youth oriented mental health provider (Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, licensed clinical social worker, licensed mental health counselor) to co-located services. This consultation position allows for a specialist to review patient charts and provide input into mental health care and treatment and should facilitate referrals to mental health providers. Programs may include up to 25% (NYC) or 10% (Rest of State) of one FTE psychologist/psychiatrist/psychiatric nurse practitioner employed as a mental health consultant;”. Based on the language, the job title of psychologist/psychiatrist/psychiatric NP can only have 25% effort on the grant. Does this mean that under the funding, agencies can hire/fund 100% of an LCSW or Mental Health Counselor, as they are not included specifically in the listed roles that are capped at 25%?

Question 41b : The RFA lists several qualifying positions and then states that “25% (NYC) or 10% (Rest of State) of one FTE psychologist/psychiatrist/psychiatric nurse practitioner employed as a mental health consultant.” Are the other positions listed (licensed clinical social worker, licensed mental health counselor) included in the 25%(NYC)/10%(Rest of State) consultant FTE? Or is the psychiatric/psychologist/psychiatric NP a separate consultant?

Question 41c: Component C “FFHC Staffing Requirements” page 23: Could you please clarify the mental health provider staffing?

Question 41d: Is the mental health provider position intended to provide mental health counseling services, only consultation services or a combination of both?
**Question 41e:** Under “FFHC Staffing Requirements” on pp. 23-24 of the RFA, for Component C, must the providers of substance use services and mental health services be funded on this grant, or can these required services be provided to program clients from other sources that fund our on-site multidisciplinary scope of services? (e.g., SAMHSA)

**Question 41f:** Is this consultant position intended to be grant funded or is an in-kind consultant role acceptable?

**Question 41g:** Is the “specialist” allowed in the position an additional staff person to review, advise and refer?

**Question 41h:** All the job duties listed can be performed by a licensed master social worker (LMSW) under the supervision of an LCSW. Can we use grant funds to hire an LMSW if our organization already has existing LCSWs who are able to provide appropriate clinical supervision of the LMSW?

**Question 41i:** On Page 21 there is a listing of required staffing for Component B. Will an experienced LMSW meet the requirements for a mental counselor? On the same page, will an experienced LMSW meet the requirements for a substance use provider?

**Question 41j:** May we continue to utilize the program’s Medical Case Manager (MCM) staff who has a Licensed Masters in Social Work (LMSW) to complete mental health screenings that includes the 9 points? -page 23

**Question 41k:** Is the mental health provider position intended to provide mental health counseling services, only consultation services or a combination of both?

**Question 41l:** Is the mental health provider position intended to be 100% FTE?

**Answer 41a - 41l:** The required mental health staffing for CYA pg. 21 and FFHC pg. 23 are the same and should read as:

“Employ or subcontract with a mental health provider (Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, licensed clinical social worker, licensed mental health counselor) to deliver co-located services. This consultation position allows for a specialist to review patient charts, provide clinical input into mental health care and treatment, and should facilitate referrals to higher levels of mental health care when needed”. Programs may include up to 25% (NYC) or 10% (Rest of State) of one FTE psychologist/psychiatrist/psychiatric nurse practitioner employed as a mental health consultant”.

The 25 percent of one FTE is not included in the clinical cap and can be a consultant. This service can be provided in-kind if the clinician participates in the scope of activities required by the grant. Facilities may leverage resources from other sources to meet this need provided they are not supplanting funds and services. This RFA does not intend to equate the role and functions of a psychiatrist or psychiatric NP with an LMSW or LCSW. The intended use of a psychiatrist or psychiatric nurse practitioner is to provide the highest level of service and prescribing access while lowering the threshold to care.

Mental health counseling provided by LMSWs who are overseen by LCSWs is reimbursable through third-party payers if the facility possesses an Article 31 license, or has psychiatry or psychology certification on its operating certificate. If a facility has this certification and is proposing the use of an LMSW overseen by an LCSW, the FTE of the LMSW counts toward the
20 percent FTE clinical cap. If the facility does not have psychiatry or psychology certification on its operating certificate, then the LSCW and LMSW staff would not be included in the cap total of 20 percent FTE.

Question 42a: Under Component B “CYA Required Staffing” page 21: Could you please clarify the substance use provider staffing?

Question 42b: Is the substance use provider intended to provide substance use treatment services at the funded location or consultations services for review, input, and referral or both?

Question 42c: Is the substance use provider staffing intended to be 100% FTE?

Answer 42a - 42c: Page 21 of the RFA should read “this position allows for a specialist to review medical records, provide clinical input into substance use care and treatment plans, and facilitate referrals to higher levels of substance use care and treatment when needed”. Facilities may determine the FTE for this position based on the needs of the priority population. If identified as a need, a substance use counselor can be supported through grant funds if the service is not reimbursable through third-party-payers.

Question 43: Is this position intended to support delivery of young-adult focused therapeutic services only?

Answer 43: This position may support the delivery of young-adult-focused therapeutic services, review records, provide clinical input into care and treatment plans, and facilitate referrals to higher levels of care when needed.

Question 44: On Page 21, under section CYA required staffing, it is required that there is one full time medical case manager or is it allowable to have two half time medical case managers?

Answer 44: As per the RFA applicants should have 1.0 FTE or equivalent. It is allowable to have two half-time medical case managers. Applicants should provide a sound rationale for the staffing pattern in the application.

RFA Section III – Priority Population(s) and Client Eligibility per Component (page 15 of the RFA)

Component C:

Question 45a: I didn’t notice a caseload requirement for the FFHC grant (Component C) on the RFA. Is there a requirement?

Question 45b: What is the minimum projected caseload requirement (# of clients to be served annually) for the Component C: Family Focused Health Care for Women? This is not indicated in Section 1 on top of page 11 in the table, which lists the number of Component C awards for each region.

Answer 45a - 45b: There is no minimum caseload requirement for Component C FFHC. Applicants are encouraged to propose caseloads that are commensurate with the level of funding requested.
**Question 46a:** We have patients currently enrolled in FFHC who are retained in care with sustained VLS, presumably because of the support they receive from our FFHC efforts. Would they remain eligible for FFHC services under the new RFA?

**Question 46b:** RFA Priority Populations in Section 3 for Component C on page 15 of the RFA on the Client Eligibility section. – Please clarify if all of the HIV+ pregnant or parenting women who are served by this grant MUST be also either newly diagnosed, out of care or not regularly engaged in care or not virally suppressed. Can we continue to serve HIV+ pregnant or parenting women (with dependent children) who have multiple psychosocial issues and/or barriers to remaining in care and have been more engaged in care as a result of consistently receiving services from our FFHC Medical Case Managers and the rest of the FFHC team? – These women continue to need services provided by FFHC in order to remain in care, maintain and sustain viral suppression & to reduce perinatal transmission. Many of them still struggle with maintaining viral suppression and keeping medical appointments for themselves and their dependent children due to psychosocial or family issues.

**Question 46c:** RFA Priority Populations in Section 3 for Component C in the table on page 15 of the RFA – Can we provide services for HIV+ women who have custody of their grandchildren or are foster parents?

**Question 46d:** RFA Priority Populations in Section 3 for Component C on page 15 of the RFA - Can we also serve men living with HIV who are the partners of the female index patients or are the designated primary caregivers of dependent children?

**Answer 46a - 46d:** As per page 15 of the RFA, priority populations served through Component C include BIPOC women and birthing individuals living with HIV and are planning a pregnancy, are pregnant, or serve as the primary caregiver for dependent children. Eligible clients are individuals living with HIV who meet Ryan White eligibility criteria, and are newly diagnosed, out-of-care or not regularly engaged in care, or not virally suppressed.

**Budget Questions**

**Question 47:** Is there a NYSDOH salary cap that should be used in budgets?

**Answer 47:** Component A and Component C of the RFA will result in HRI funded (federal) contracts. HRI contracts are held to the Executive Salary Cap. The current Executive Salary Cap for 2022 is $203,700.

Component B of the RFA will result in HRI and NYS funded contracts. If an applicant is funded for Component B and the resulting award is an HRI funded contract, the HRI will be held to the Executive Salary Cap, currently at $203,700 for 2022. If an applicant is funded for Component B and the resulting award is a NYS funded contract, there is no salary cap.

**Question 48:** Is there a budget template in Excel to be filled out, or do we create our own budget based on the budget instructions?

**Answer 48:** As stated on page 40 of the RFA, “Applicants are instructed to prepare an annual budget based on the maximum award as listed for the region in which they are applying. The budget for year one (July 1, 2023 – June 30, 2024.) must be entered into the Grants Gateway. Refer to Grants Gateway Expenditure Budget Instructions - Attachment 19.”
**Question 49:** Please confirm that the budget to be submitted is for one year only, Jul 2023-June 2024.

**Answer 49:** The budget submitted should reflect a one-year period from July 1, 2023 – June 30, 2024.

**Question 50a:** For Component A, Is the budget year for this RFA 7/1/2023 – 6/30/2024? If yes, should we anticipate our current RAP grant which runs from 4/1/2022 – 3/31/2023 to be extended until 6/30/2023?

**Question 50b:** This section indicates the start date for the new grant is 7/1/23. Will programs currently funded for RAP and FFHC through 3/31/23 receive funding extensions through June 30, 2023?

**Answer 50a – 50b:** The anticipated start date for awardees is July 1, 2023. RFA awardees who are currently funded can anticipate a contract extension from 4/01/2023 – 6/30/2023. The funds for this solicitation are through HRI and run on a 4/1 - 3/31 fiscal year. RFA awardees will be made aware of the process to achieve adherence to the HRI funding cycle.

**Question 51:** For Component A, can you please confirm that the annual budget amount is $250,000?

**Answer 51:** As per the funding chart on pages 6 and 7 of the RFA, the maximum annual award amount for Component A is $250,000.

**Question 52:** We have a federally approved indirect rate of greater than 20%. The RFA indicates on page 41 that “if your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested” (5. Budgets and Justifications, 5h). However, on page 53 the RFA states “all indirect expenses must be considered administrative expenses subject to the 10% cap…This rate must be 10% or less for Ryan White contractors” (Attachment 1, (H) Indirect). Can you confirm the maximum indirect rate that we can request as an organization with a federally approved indirect rate?

**Answer 52:** Component A and Component C of the RFA will result in HRI funded (federal) contracts. Indirect Costs for applicants of Component A and C will be limited to a maximum of 10% of total direct costs. See page 53 of the RFA Attachment 1 - Ryan White Guidance for Part B Direct Service Subcontractors. Component B of the RFA will result in HRI and NYS funded contracts. If an applicant is funded for Component B and the resulting award is an HRI funded contract, indirect costs will be limited to a maximum of 10% of total direct costs. If an applicant is funded for Component B and the resulting award is a NYS funded contract, an indirect cost rate of up to 10% of total direct costs can be requested. If your organization has a federally approved rate, an indirect cost rate of up to 20% of total direct costs can be requested. If your agency has a federally approved rate of less than 20%, the maximum indirect rate that can be requested is the federally approved rate.

**Question 53:** In Section 5H on page 41 in the first bullet: Please clarify the definition of total direct costs used to calculate an indirect cost rate. Is this the same as the total grant award amount?
**Answer 53:** Direct costs include, Salaries, Fringe Benefits, Supplies, Travel, Equipment, Telecommunications, Miscellaneous and Contractual expenses.

**Question 54a:** Match Funds-- Pg 90 of the RFA states: “The Total Match Funds and Total Other Funds lines are not used. You will not be able to enter information on those lines.” However, the printed application (pg 11) has 3 different columns in the expenditure summary section for Match funds, Match % Calculated, Match % Required and 1 column for “other”.

**Question 54b:** Are match or other funds required? If yes, what is the minimum match? Can you please give a specific example of how match and other is defined. For example, are match/other funds from the entity applying (AHF) or from another outside funding source?

**Answer 54a – 54b:** Match funds are not required.